

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Abad, Edna (ARCH)	<b>CHAPTER 100.1</b>
<b>Address:</b> 98-312 Kaluamoi Drive, Pearl City, Hawaii 96782	<b>Inspection Date:</b> April 04, 2019 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA